

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004263

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** THE HAMMOCKS AT MINORCA OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 N. PENINSULA AVE.  
NEW SMYRNA BCH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N. PENINSULA AVE.  
NEW SMYRNA BCH, FL 32169

**New Mailing Address:**

**FEI Number:** 14-1874302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHEEZEM, J. MICHAEL  
2201 4TH ST. NORTH, SUITE 200  
ST. PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COOPER, GAIL M.  
Address: 2201 4TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: SDT ( ) Delete  
Name: BEAUMONT, SANDRA D  
Address: 264 MINORCEA BEACH WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: BLAILE, PHILIP  
Address: 259 MINOREA BEACH WAY # 703  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SDT (X) Change ( ) Addition  
Name: BEAUMONT, SANDRA D  
Address: 264 MINORCA BEACH WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Change ( ) Addition  
Name: BLAKE, PHILIP  
Address: 259 MINORCA BEACH WAY # 703  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL M. COOPER

PD

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date